

City of Glendale 5850 W. Glendale Avenue Glendale, AZ 85301 (623) 930-3190 (623) 930-2186 fax

Name Change Form

To request a name change, please complete the following form.

Death (enclose copy of de Change of Occupancy (er Other (please specify)	f marriage certificate) divorce decree showing possession eath certificate or will showing posse nclose copy of lease agreement, esc	ession of the property) crow paper or recorded deed)
I.	. agree to assume all li	ability of future billings and the
outstanding balance on account # I acknowledge the current balance of \$	which is located at as of/_	·
Signature	Date	
Home Phone	Work Phone	
Social Security #	Drivers License #	•
If there is a deposit on the account, the pa		
I,	, acknowledge that	
has taken responsibility for account # I agree to allow the deposit of \$ transferred to the name of	as well as the liability of futur	e and outstanding billings to be
Signature	Date	
SUBSCRIBED AND SWORN TO before n		
Notary Public	Commiss	ion Expiration Date